

**CHAPTER 300–GENERAL**

**Subchapter A–Introduction**

Part	
300-2	How to use the FTR
300-4	Travel forms

**Subchapter A–Introduction**

**PART 300-2--HOW TO USE THE FEDERAL TRAVEL REGULATIONS (FTR)**

**Subpart A-General**

Sec.

300-2.1(a) What is the NOAA Travel Handbook (NTH)?

300-2.1(b) Where can I find travel information on the Internet?

**300-2.1(a) What is the NOAA Travel Handbook(NTH)?**

The NOAA Travel Handbook (NTH) is comprised of the (1) Federal Travel Regulations (FTR) printed on white paper, (2) Department of Commerce (DOC) Travel Handbook printed on yellow paper, and (3) NOAA Travel Regulations (NTR) printed on blue paper.

**300-2.1(b) Where can I find travel information on the Internet?**

You can find travel information at the following Internet sites:

NOAA Travel Information: <http://www.rdc.noaa.gov/~finance>; “Travel”

- | Citibank Government travel card application
- | Citibank Government travel card regulations
- | Federal Travel Policies and Procedures:
  - | Federal Travel Regulation (FTR)
  - | FTR Amendments
  - | Per Diem Rates and Other Travel Information
  - | State Tax Exemption Listing
  - | Privately Owned Vehicle Rates
  - | Interagency Travel Management Committee
  - | Frequently Asked Questions
  - | Federal Traveler’s Quick Reference Guide

Travel Voucher Status: <http://www.rdc.noaa.gov/~cams>; “Payment Notification Details”

Mileage and Map Information: <http://www.mapquest.com>

Citibank Visa ATM locator: <http://www.visa.com>

Airline Itinerary Printout (Sabre system): <http://www.sabre.com>

Accounting Classification Code Structure (ACCS) Conversion:  
<http://makoto.rdc.noaa.gov/cams/convertfima.html>

**SPECIAL NOTICE:** The NOAA Travel Handbook and all future travel regulation updates (includes Federal Travel Regulations, Department of Commerce Travel Regulations, and NOAA Travel Regulations) will be posted on the following Internet site, and will not be distributed in hard-copy format: <http://www.rdc.noaa.gov/~finance>

**PART 300-4--TRAVEL FORMS**

The following blank forms have been printed on white paper so that they can be copied and used. Users of Travel Manager will use Travel Manager default forms when preparing travel orders and travel vouchers and non-users will use the Form CD-29, Travel Order, and the Form CD-370, Travel Voucher.

Sec.

- 300-4(a) (1)Form CD-29, Travel Order (travel authorization)  
*See FTR, Chapter 301-2.1, and NTR, Chapter 301-2.1(a) - 301-2.1(i).*  
(2)Travel Manager authorization default form (3 pages)
- 300-4(b) Form CD-210, Record of Gift or Bequest  
*See FTR, Chapter 304-1, DOC 301-10.5, and NTR, Chapter 301-2.5(n) - 301-2.5(n)(iii).*
- 300-4(c) Part II: Acceptance of Payment From a Non-Federal Source for Travel Expenses This form must accompany the Form CD-210 and has instructions on the back.
- 300-4(d) Form CD-342, Record of Gifts and Decorations from Foreign Governments  
*See FTR, Chapter 304-1, and NTR, Chapter 301-2.5(n) - 301-2.5(n)(iii).*
- 300-4(e) Form CD-334, Request for Approval of Extra Fare Air Accommodations  
*See FTR, Chapter 301-10.121 - 301-10.124, and NTR, Chapter 301-2.5(a) - 301-2.5(a)(i).*
- 300-4(f) Form CD-369, Travel Advance  
This form should only be necessary for invitational travel. NOAA employees are expected to obtain the Citibank Government travel card. *See NTR, Chapter 301-51.*
- 300-4(g) (1)Form CD-370, Travel Voucher  
This form has a front and back. *See NTR, Chapter 301-2.1(j).*  
(2)Travel Manager voucher default form (3 pages)
- 300-4(h) Form CD-370, Travel Voucher - Continuation Sheet  
This form has a front and back.
- 300-4(i) NOAA Form 42-5, Trip Authorization  
*See NTR, Chapter 301-2.1(f) - 301-2.1(i), and NTR, Chapter 301-2.5(r).*
- 300-4(j) NOAA Form 42-8, Aircraft Charter Agreement  
*See NTR, Chapter 301-10.*

## NOAA TRAVEL REGULATION

### Chapter 300—General

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300-4(l)	Standard Form (SF)-1164, Claim for Reimbursement for Expenditures on Official Business (2 pages) This form is used for local travel and has a front and back. It is available as a Travel Manager default form.
300-4(m)	Citibank Government Cardholder Account Agreement This form has a front and back.
300-4(n)	Instructions for Completing the Citibank Government Travel Card Setup Form
300-4(o)	Citibank Government Travel Card Setup Form
300-4(p)	U. S. Department of Commerce Employee Acknowledgment Statement and Approving Official Certification Statement This form must accompany the Citibank Government Travel Card Setup Form.
300-4(q)	Citibank Government Purchase or Travel Card Maintenance Form This form is used when making changes to the Citibank Government travel card account.

*For the latest information on the Citibank Government Travel Card, visit the NOAA Finance Home page: <http://www.rdc.noaa.gov/~finance>.*

## Fly America Act Justification Statement

The Fly America Act requires Federal employees and others performing U.S. Government financed travel to use U.S. flag carriers unless U.S. carriers are unavailable. A valid justification statement must be attached to the travel order when foreign carriers are used. The following is a guide for preparing the required justification statement:

I certify that it (is) (was) necessary for

\_\_\_\_\_ (Name of traveler or agency)

to use \_\_\_\_\_ (Name of foreign flag vessel(s) or foreign flag air carrier(s))

\_\_\_\_\_ (Flight identification number)

or to transport \_\_\_\_\_ (Personal effects) (freight)

between \_\_\_\_\_

and \_\_\_\_\_

en route from \_\_\_\_\_

to \_\_\_\_\_

on \_\_\_\_\_ (Date)

for the following reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of traveler or authorizing officer)

\_\_\_\_\_  
(Title or position)

\_\_\_\_\_  
(Organization)

## **Instructions for Completing the Citibank Government Travel Card Setup Form**

**Please read the policies and procedures for the use of the contractor-issued Government travel charge card, located in the Department of Commerce Travel Handbook, Chapter 301-10, and at the following web-site: [www.rdc.noaa.gov/~finance](http://www.rdc.noaa.gov/~finance) before completing the Citibank Government travel card application package.**

Complete only the following sections of the application shown on the next page:

### **SECTION II     Cardholder Information.**

These blocks must be completed with the employee's complete name, Agency/Organization Name, Verification Information (mother's maiden name), 4<sup>th</sup> Line Embossing (remains blank), Social Security Number, Home Mailing Address, Home Phone Number, Business Mailing Address, Business Phone Number, Email Address, City Pair Program (circle "yes"), Fax Number, Discretionary Codes 1, 2, and 3 (leave blank), Master Accounting Code (leave blank), NOAA Organization Code (enter your NOAA Organization Code). \*The employee can choose to have the Citibank Government travel card and billing statements mailed to either their home or business address. Circle the preferred address.

### **SECTION VI     Cardholder Signature.**

The employee should read the information contained in the signature block, the Employee Acknowledgment Statement (Appendix B of this Exhibit), and the Department's policies and procedures related to the use of the Citibank Government travel card issued as Exhibit 301-10A. The employee must sign and date the signature block if he/she understands the terms and conditions for issuance and use of the card. Employee should make a copy of the application for his/her records and submit the original application to the Agency/Organization Program Coordinator (AOPC). To expedite processing, send a facsimile copy to the AOPC on 301-413-3066 and follow-up by sending the original to the AOPC. For further information, call LeVon Washington in the NOAA Travel Office on 301-413-3060.

### **SECTION VII     Agency/Organization Program Coordinator Signature.**

This section is to be completed and signed **only** by the AOPC. The AOPC must sign the application and forward it to the contractor.

## GOVERNMENT TRAVEL CARD (INDIVIDUALLY BILLED ACCOUNT) SETUP FORM

NOTE: This form should be completed by the Agency/Organization Program Coordinator with the required information input from the Cardholder.

### SECTION I

#### INSTRUCTIONS

1. To add a new account, Cardholder completes Section II and signs in Section VI, AOPC completes Sections III through V and signs in Section VII.
2. Maintain a copy in the Cardholder and Agency/Organization Program Coordinator's files.
3. Fax to (904) 954-8710 or Mail to Citibank Government Card Services, P.O. Box 45134, Jacksonville, FL 32232-5134.

### SECTION II

#### CARDHOLDER INFORMATION (Please Print)

*Last Name of Cardholder	*First Name	*Middle Initial (maximum 20 characters)	
USDOC/NOAA/			
*Agency/Organization Name (please add Line, Staff, or Program Office title)		*Verification Information	
N/A		-	
4th Line Embossing		Social Security Number	
		( )	
Home Mailing Street Address Line 1 (maximum 36 characters)		*Home Phone	
Home Mailing Street Address Line 2 (maximum 36 characters)			
*City	*State	*Zip Code	Country
			( )
*Business Mailing Street Address Line 1 (maximum 36 characters)		*Business Phone	
Business Mailing Street Address Line 2 (maximum 36 characters)			
*City	*State	*Zip Code	Country
			Yes
Email Address		City Pair Program	
( )		N/A	
Fax Number		Discretionary Code 1 (maximum 12 characters)	
N/A		N/A	
Discretionary Code 2 (maximum 20 characters)		Discretionary Code 3 (maximum 15 characters)	
N/A			
Master Accounting Code (leave blank)		*NOAA Organization Code	

### SECTION III

#### REPORTING PARAMETERS

\*Reporting Hierarchy: 21300 \_\_\_\_\_

\*Card Delivery ID #: \_\_\_\_\_ (maximum 5 characters)

### SECTION IV

#### AUTHORIZATION PARAMETERS

Dollars per Transaction Limit: \$ \_\_\_\_\_ Travellers Cheques: Y \_\_\_\_\_ N \_\_\_\_\_

Dollars per Cycle Limit: \$ \_\_\_\_\_ ATM Access: Y \_\_\_\_\_ N \_\_\_\_\_

Number of Transactions: Daily \_\_\_\_\_ Cycle \_\_\_\_\_ ATM Access Limit: Daily \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_ Cycle \$ \_\_\_\_\_

### SECTION V

#### \*PLASTIC TYPE (Please check one of the following)

Government Standard \_\_\_\_\_ Quasi-Generic \_\_\_\_\_ Non-POS (White) \_\_\_\_\_ Generic \_\_\_\_\_

### SECTION VI

#### CARDHOLDER SIGNATURE

By signing this application, I acknowledge I have read the Citibank Government Card Services Travel Program Cardholder Account Agreement and agree to be bound by the terms and conditions as set forth in the Agreement.

\*Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_



**U. S. DEPARTMENT OF COMMERCE**  
**EMPLOYEE ACKNOWLEDGMENT STATEMENT AND**  
**APPROVING OFFICIAL CERTIFICATION STATEMENT**

I certify that I (1) have received, read and understand the policies and procedures prescribed by the DOC Travel Handbook issued by the Director for Executive Budgeting and Assistance Management, pertaining to the Citibank Government Travel Card Program; (2) will abide by such policies, procedures, and other instructions as may be issued by the Department, my bureau/operating unit and the contractor/card issuer concerning the use of the card issued to me; and (3) acknowledge that the card is to be used only for expenses incurred incident to officially authorized Government travel.

(1)

\_\_\_\_\_  
Employee Signature and Date

\_\_\_\_\_  
Name (Type or Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization and Bureau

(2)

\_\_\_\_\_  
Approving Official/Supervisor Signature and Date

\_\_\_\_\_  
Name (Type or Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

**NOTE TO EMPLOYEE:** Your Citibank Government travel card application will not be processed unless accompanied by this completed and signed form.

**NOTE TO APPROVING OFFICIAL/SUPERVISOR:** Your signature certifies that this employee is authorized to obtain the Citibank Government travel card. You will be notified of any inappropriate charges or if the employee's account becomes delinquent.

## GOVERNMENT PURCHASE OR TRAVEL CARD MAINTENANCE FORM

NOTE: This form should be completed by the Agency/Organization Program Coordinator with the required information input from the Cardholder.

SECTION I	INSTRUCTIONS
1. To change information for existing accounts: a. Complete section II with the type of request. ***** <b>Fill in only the applicable fields to be updated.</b> ***** b. Fill in the individual Government Card number : _____ c. Fill in the cardholder's name as it appears on his/her Government Card: _____	
2. Approved copy to be maintained in Agency/Organization Program Coordinators files.	
3. Fax to (816) 823-3850 or mail to Department Of Commerce BankCard Center, 1510 E. Bannister Road, Kansas City, Missouri 64131	
4. All changes will be completed within 3 business days unless requesting to move a centrally billed account from one billing site to another. This change will be made the next business day after the Agency/Organization's billing cycle.	

SECTION II TYPE OF CARDHOLDER MAINTENANCE REQUEST ("X" all applicable)	
<input type="checkbox"/> A. Cardholder Information Change (Section III) <input type="checkbox"/> B. Hierarchy Change (Section IV) <input type="checkbox"/> C. MCC/Blocking Change (Section V) <input type="checkbox"/> D. Dollars per Cycle Limit Change (Section V) <input type="checkbox"/> E. Dollars per Transaction Limit Change (Section V)	<input type="checkbox"/> F. Cash Advance Limit Change (Section V) <input type="checkbox"/> G. Number of Transactions Limit Change (Section V) <input type="checkbox"/> H. Account Closure (Section VI) <input type="checkbox"/> I. Other Changes: _____

SECTION III CARDHOLDER INFORMATION (Please Print)			
*Last Name of Cardholder	First Name	Middle Initial (maximum 20 characters)	
USDOC/NOAA			
Agency/Organization Name (maximum 24 characters)			
N/A			
*4th Line Embossing (maximum 20 characters)		Social Security Number	
		( )	
Home Mailing Street Address Line 1 (maximum 36 characters)		Home Phone	
Home Mailing Street Address Line 2 ( maximum 36 characters)			
City	State	Zip Code	Country
		( )	
Business Mailing Street Address Line 1 (maximum 36 characters)		Business Phone	
		Yes	
Business Mailing Street Address Line 2 ( maximum 36 characters)		City Pair Program	
City	State	Zip Code	Country
Email Address		N/A	
( )			
Fax Number		Discretionary Code 1 (maximum 12 characters)	
N/A		N/A	
Discretionary Code 2 (maximum 20 characters)		Discretionary Code 3 (maximum 15 characters)	

SECTION IV REPORTING PARAMETERS	
Current Reporting Hierarchy:	_____
New Reporting Hierarchy:	_____
New Card Delivery ID#:	_____ (maximum 5 characters)

SECTION V AUTHORIZATION PARAMETERS	
New Dollars per Cycle Limit \$ _____	Convenience Checks (Purchase): Y _____ N _____ 2 Books _____ 6 Books _____
New Dollars per Transaction Limit: \$ _____	If eligible for Convenience Checks, maximum payment amount equals \$ _____
New Number of Transactions per: Cycle: _____ Day: _____	ATM Access: Y _____ N _____ Access Limit: Daily \$ _____, Weekly \$ _____, Cycle \$ _____
New MCC Template Name: _____	Travellers Cheques (Travel): Y _____ N _____

SECTION VI ACCOUNT CLOSURE INSTRUCTIONS	
1. A/OPC needs to advise cardholder to destroy their card(s).	
2. A/OPC needs to advise cardholder to destroy any unused convenience checks.	

SECTION VII AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE	
Approving Agency/Organization Program Coordinator's Signature _____	Date _____
<b>CB002 Revised 11041998 *If these fields have been revised, a new card will automatically be sent.</b>	